

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000140700

1. Entity Name
SOUTHERN INTERIORS & DEVELOPMENT, INC.



**FILED
Jun 30, 2006 8:00 am
Secretary of State**

06-30-2006 90001 034 ***150.00

Principal Place of Business 7111 LOMBARDY STREET BOYNTON BEACH, FL 33476	Mailing Address 7111 LOMBARDY STREET BOYNTON BEACH, FL 33476
--	--



2. Principal Place of Business	3. Mailing Address 11062 S Military Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB #420
City & State	City & State Boynton Beach, FL
Zip	Zip 33434
Country	Country USA

06272006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent BLOCH, STUART E 7111 LOMBARDY STREET BOYNTON BEACH, FL 33476	7. Name and Address of New Registered Agent Name Audrey Vigna Street Address (P.O. Box Number is Not Acceptable) 7111 Lombard Street City Boynton Beach FL Zip Code 33476
---	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Audrey Vigna

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6/27/06

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIGNA, AUDREY 7111 LOMBARDY STREET BOYNTON BEACH, FL 33476	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Audrey Vigna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/06

Date

Daytime Phone #